

**PERSONNEL AND TRAINING BUREAU
PERSONNEL DIVISION**

NOTICE
12.3.1

June 12, 2012

TO: All Department Employees

FROM: Commanding Officer, Personnel Division

SUBJECT: REQUEST FOR CITY EMPLOYEE ILLNESS AND INJURY EXEMPTION

EFFECTIVE: IMMEDIATELY

The Los Angeles Fire Department (LAFD) recently revised its policy regarding Emergency Medical Services (EMS) Billing Exemptions for Los Angeles Police Department (Department) employees. The LAFD will only exempt City Employees from billing when the injury or illness occurred during the course and scope of their employment.

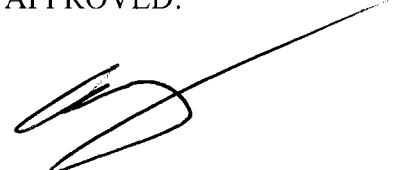
Consideration for billing exemption requires the injured employee/patient to complete an LAFD Request for EMS Billing Correction or Exemption Form. The LAFD Request for EMS Correction or Exemption Form must be accompanied by a letter from the employee's Commanding Officer attesting to the fact that the employee's injury or illness was sustained during the course and scope of their employment. The letter must be written on Department letter head. The attached forms will meet the protocol established by LAFD.

If you have questions, please contact Lieutenant Leonard Cross or Senior Personnel Analyst Cece Harper-Paris, Medical Liaison Section, Personnel Division, at (213) 486-4600.

APPROVED:



FRANCOIS L. GARDERE JR., Police Administrator
Commanding Officer
Personnel Division



STEPHEN R. JACOBS, Deputy Chief
Chief of Staff
Office of the Chief of Police

Attachments

DISTRIBUTION "D"

LOS ANGELES POLICE DEPARTMENT



CHARLIE BECK
Chief of Police

P. O. Box 30158
Los Angeles, Calif. 90030
Telephone: (213) 486-0150
TDD: (877) 275-5273
Ref #: 1.12

ANTONIO R. VILLARAIGOSA
Mayor

Date:

Los Angeles Fire Department
Ambulance Billing
Department 5257
Los Angeles, California 90084-5257

Dear Sir/Madam:

This notice confirms the below referenced employee's injury/illness which required the response of Emergency Medical Services was due to activity that occurred during the course and within the scope of their employment. Enclosed is the Los Angeles Fire Department Request for EMS Billing Correction or Exemption form.

Employee Name: _____
Full Name (First, Middle, and Last)

Employee Serial No: _____

Date and time of Illness/Injury: _____ / _____
Date Time

Location of Illness/Injury: _____
Address

Very truly yours,

CHARLIE BECK
Chief of Police

I. M. BOSS, Captain
Commanding Officer
XXXX Division

Enclosure



Ambulance Billing
Los Angeles Fire Department
Department 5257
Los Angeles, CA 90084-5257

REQUEST FOR EMS BILLING CORRECTION OR EXEMPTION

(Official Use Only)
RECEIVED ON:

PATIENT AND INVOICE INFORMATION (Required)

Full Name (First, Middle, and Last Name)

Invoice Date

Street Address

Invoice Number

City

State

Zip Code

()

Phone Number

Email (if any)

*** PLEASE BE ADVISED THAT THIS FORM MAY NOT BE PROCESSED IF THE ABOVE INFORMATION IS MISSING OR INCOMPLETE. ***

ADJUSTMENT REQUESTED (Please select the appropriate box below)

- | | |
|---|--|
| 1) <input type="checkbox"/> Billing Correction | 4) <input type="checkbox"/> County General Relief or ATP Exemption |
| 2) <input type="checkbox"/> City Employment Exemption | 5) <input type="checkbox"/> City of LA Low Income Program Waiver |
| 3) <input type="checkbox"/> Hospital Unable to Provide Care | |

I certify under penalties of perjury that the information and supporting document provided pursuant to this request is correct and complete.

Patient Signature

Date

Definitions and Requirements

1) Billing Correction - A request for waiver or adjustment due to billing error. Required Documentation: Please complete and submit this form along with an explanation detailing the billing error and supporting document (if any).

2) City Employment Exemption - A request for exemption, by a City Employee or members of Police Reserve Corps, for EMS service provided for an illness or injuries that occur during the course and within the scope of employment. Required Documentation: Please complete and submit this form along with a Department letter stating that the illness or injury occurred during and within scope of employment.

3) Hospital Unable to Provide Care Waiver - A request for exemption by patients who have been transported, by a private ambulance, to a second hospital as a result of the initial hospital's inability to provide emergency medical care. Required Documentation: Please complete and submit this form along with a letter from the initially transported hospital which states that they could not provide emergency medical care appropriate to your needs and a copy of the bill for subsequent private ambulance transport.

4) County General Relief or ATP Exemption - A request for relief for patients participating in the County General Relief or Ability-To-Pay program. Required Documentation: Please complete and submit this form along with a letter from the Department of Social Services demonstrating your current participation in the

General Relief or Ability-To-Pay programs.

5) City of Los Angeles Low Income Program Waiver - A request for full or partial relief on an EMS bill by patients qualifying for the Low Income Program. To qualify for this program, you must demonstrate that your household gross income does not exceed the following income levels:

<u>Household size</u>	<u>Maximum Gross Income</u>
1-2	\$31,800
3	\$37,400
Above 3	\$45,100 + (\$7,700 x number of people above 3)

What is included in gross income calculation?

Your gross income is determined by combining the gross income, whether taxable or nontaxable, of all persons who live in your household including income derived from: Wages, Salaries, Child support, Alimony, Interest, Rental income, Business income (e.g. gross income reported on line 7 of Schedule C), Dividends, Aid to Families with Dependent Children, Social Security income, Spousal support payments, Veteran benefits, Disability, Unemployment, retirement, cash, tips, public assistance, food stamps, and all employment related non-cash income.

Required Documentation:

Please complete and submit this form along with the following:

- a) **Federal Tax Return** - Please submit complete copies of the most recent Federal Tax returns for every member of your household. This includes the tax form (1040, 1040EZ, 1040A, 1040SS, etc.) attached schedules, and supporting documents (W2's, 1099's, etc.). You can obtain a copy of your tax transcript by calling the Internal Revenue Service at 1-800-908-9906. Please provide a detailed explanation of the reason if the tax documents are not available or have not been filed for any member of the household.
- b) **Other Income Documents** - Please submit clear and clean copies of all other documents that show any income, whether taxable or nontaxable, such as food stamp for all members of the household.
- c) **Miscellaneous Documents** - Please submit any other documents that may assist the Department in determining your qualification for this waiver (e.g. Current DWP bills showing eligibility for DWP Low Income program).

IMPORTANT NOTE: Please submit copies of your supporting documents only. The Fire Department will not return or provide you with a copy of the documents submitted. All documents submitted will become the property of the Fire Department.

Please return this form and all supporting documents to:

Los Angeles Fire Department Ambulance Billing
Department 5257
Los Angeles, CA 90084-5257

Please be advised that this request along with all the supporting documents must be submitted within 30 days of the billing date. The Department will verify the information submitted and may request additional information or documentation before making its final determination. You will be notified by mail of the final determination. Please do not hesitate to contact us, at (888) 772-3203, should you have any question regarding this matter.